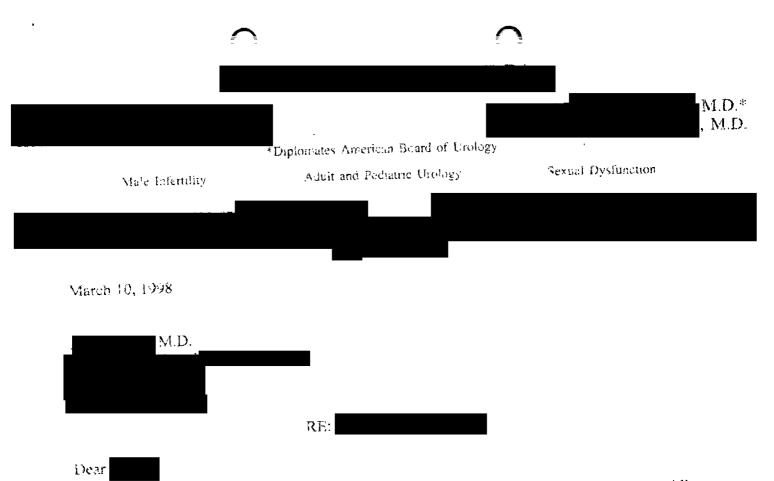
Food and Drug Administration Center for Food Safety and Applied Nutrition Office of Special Nutritionals

ARMS#

12933



3 - OUTPATIENT



Thank you for your kind referral of this lovely 54-year-old male complaining of difficulty voiding, a slow stream for three months and nocturia times two with increased day time frequency. His physical examination shows a 15 gram smooth prostate. He had a post void residual performed in the office under ultrasound which was significant for 128 ce's.

He most likely has some mild benign prostatic hypertrophy. I have scheduled him for a Uroflow, a possible cystoscopy in the office and will then try an alpha blocker to decrease his urinary symptoms.

The kindness of your referral is much appreciated

Sincerely.



INITIAL OFFICE VISIT

Patient Name Referred by: Date: 3-10				
Cubiactiva:	Symptoms		_	

Symptoms: TYYLO &- Clo definely Jointy Slow stream x 3 maths (my 4-6x

Past Medical History: U(Cess

Past Surgical History:

Pravachel. 200. Medications:

Allergies:

Did not Discuss Discussed attached Sheets Review of Systems:

Respirations Temp Physical Exam: Vital Signs: BP Pulse Objective:

(Circle all that apply)

NCAT PERRLA EOMI Abnormal HEENT:

Abnormal No masses Normal Thyroid Neck:

Clear to A + P Lungs: Abnormal **NSR** Heart:

Soft, NT Normal L/S Abnormal Abdomen⁻

+CVAT R L No CVAT Flank:

No masses Hemorrhoids Abnormal Rectal: Tone

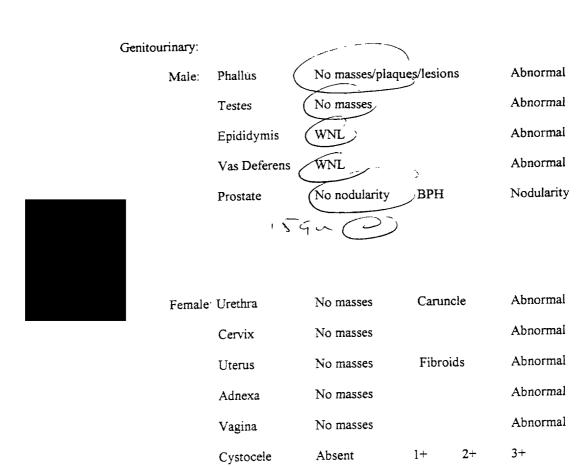
DP PT Fem Pop Pulses:

Right Left

Normal Abnormal Neurological:

000003

Abnormal



Laboratory:

Urinalysis

PSA/PAP

Ultrasound.

Imaging:

Renal

- 128cc PVR

Testicular

Penile Duplex:

Arterial

Resistive Index

Additional Tests:

Uroflowmetry (Volume/peak/average)

Assessment:

Plan:

Treatment:

Follow-up:

moblev- constr

000004

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